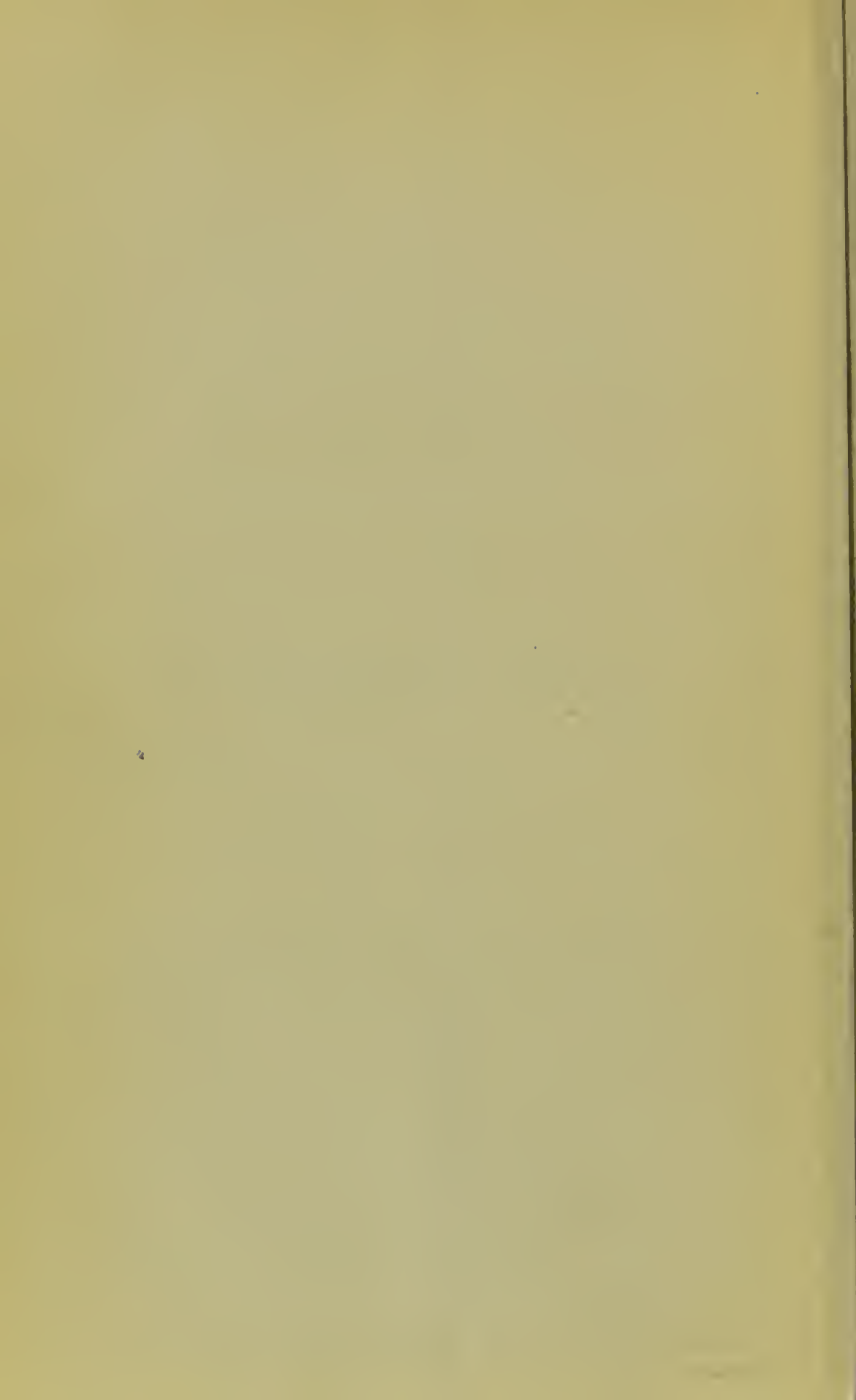


From the writer

12)

## WOMEN PHYSICIANS.



## WOMEN PHYSICIANS.

IN January 1849, the University of Geneva, in the State of New York, conferred upon an Englishwoman the diploma of Doctor of Medicine.

European precedents were not wanting for thus admitting a lady to a university education and university distinction. Passing by instances recorded in the history of the Middle Ages, we find the names of several women who, during the eighteenth and the early part of the present century, received diplomas and held chairs in the Italian Universities. In 1732 La Dottoressa Laura Bassi graduated at Bologna, and was appointed to the Chair of Natural Philosophy, which she held for six years. She married, and had several children. It is pleasant to find a contemporary speaking of her as exemplary in all the relations of family life, and as having "*le visage doux, sérieux, et modeste.*" She died in 1778, and was buried with public honours—the doctor's gown and silver laurel being borne before her to the grave.

In 1750 Signora Agnesi was appointed Assistant Professor of Mathematics at Bologna. She was connected with the university for twenty years. She translated several treatises on the integral and differential calculus, and published a volume entitled "*Analytical Institutions,*" which was translated by the then

Professor of Mathematics at Cambridge.<sup>1</sup> Towards the close of her life she retired into a religious house, and died in 1798 at the age of eighty.

In 1794 Clotilde Tambroni became Professor of Greek at Bologna. After occupying the chair for four years she was obliged, on political grounds, to resign. The revolutionary wave was then rising, and Tambroni was conservative and a royalist. She then spent some years studying in Spain. On her return to Italy, Buonaparte, forgiving her politics, made her Professor of Greek at Milan. She held this office for some years, and died in 1817.

Madonna Manzolina lectured on anatomy at Bologna about the time that Tambroni was teaching Greek at Milan.

Several other women are mentioned briefly in the "*Biographie Universelle*" as graduates of Bologna and Milan. We have no means of knowing if these examples were remembered by the college which admitted Miss Blackwell. Possibly the authorities of the American University thought they were

<sup>1</sup> Professor Colson states in his Preface, that one reason which induced him to translate Agnesi's "*Analytical Institutions*" was the hope that he might thus "render it more easy and useful to the ladies of this country, if indeed they can be persuaded to show to the world, as they easily might, that they are not to be excelled by any foreign ladies whatever."

doing a new thing in the history of the world, and were not deterred by thinking so.<sup>1</sup> Be that as it may, the example set by Miss Blackwell was speedily followed. In 1851 her younger sister, Emily, graduated at the College of Cleveland (Ohio); two years later a Polish lady did the same, and from that time a continually increasing number of American women have been engaged in the study and practice of medicine. The nature of the success which has attended the experiment—in so far as it has succeeded—and the causes of its failure—where it has failed—cannot be rightly understood without some knowledge of the peculiar conditions under which medical education is carried on in America. In our own country the students of any one school—as, for instance, those of Guy's or Bartholomew's Hospital—do not receive their diploma from the school at which they study, but from a central examining body, such as the College of Surgeons, Apothecaries' Hall, or one of the Universities. Students from every school meet at the central boards, the standard is fixed by the examining, not by the teaching bodies, and it is applied uniformly to all the schools.

In America, on the contrary, each medical school examines its own students and gives its own diplomas; there is no common standard of education; no check either upon the rapacity or the indolence of the managers of the schools. The first result of the absence of a standard examination is, that the M.D. diploma of one college may imply a really good medical education, while the same degree taken elsewhere may be almost worthless. This method has produced much

that is bad in the education of men; but it has been even more injurious to women. No sooner had Miss Blackwell and her immediate successors started the idea of women-physicians, than a demand arose for special schools which should educate and examine women only. With perilous haste several such schools were formed by persons whose conception of a complete medical education was most imperfect, and who acted as if they thought that all which it was necessary for women to know could be learnt in about half the time prescribed for men. The half-measures thus initiated gained a considerable amount of popular sympathy and support; the schools so started obtained in many instances State recognition, and students have steadily flowed into them; but the meagre curriculum and the low standard of examination—standard so low indeed that it is said to be difficult for a student *not* to get the M.D. at some of the female schools—sufficiently explain the inferior professional position taken by most of their graduates. Women who wish to get thorough medical education still have to seek it in one of the men's colleges.

It is difficult to imagine anything which could more effectually hinder the better class of women from taking a really good position as physicians than the existence of inferior and irresponsible colleges, having the power to grant diplomas and the inclination to grant as many as possible. It is fair, however, to mention that as several of the large general hospitals in America are open to students of both sexes, it is possible for women to supply some, at least, of the deficiencies of their education.

In 1860, Miss Garrett began to study in London. It is unnecessary to detail the history of her various attempts to gain admittance to a school as a regular student. Failing in all these attempts she obtained permission from Apothecaries' Hall—the only examining body who had no power legally to refuse to examine her—to attend the required lectures of recognised Professors privately, and having in this way completed the curriculum, she passed the

<sup>1</sup> In our own country, where precedent is held in greater honour, it is well to know that the idea of university education for women is not only not an innovation, but that some at least of our universities must be regarded as incomplete copies of the ancient models on which they are formed until their privileges shall have been extended to female students. Glasgow, for example, was founded upon the model of Bologna, and the earliest charter gives to its students "all the rights and privileges belonging to those of Bologna."



examinations of the Hall, and received in 1865 the diploma of L.S.A. or Licentiate of the Society of Apothecaries.

In January 1867, three other ladies passed the preliminary examination in Arts at Apothecaries' Hall. It was their intention to get the medical education by means of private lectures, and, on the strength of the permission previously granted to Miss Garrett, they had already begun to attend private courses of instruction in Anatomy and Chemistry. But the road was not allowed to remain thus open. Shortly after the Arts examination, the Court of Examiners at the Hall passed a resolution forbidding students to receive any part of their medical education privately. It was determined that students who had not attended lectures in the *public* class of a recognised medical school should not in future be accepted. Obviously, this resolution could only refer to women. Students to whom the public classes are accessible are not likely to wish to attend private lectures. It is not, however, necessary to assume that the resolution implied hostility towards female students. A worthier motive may have been the fear lest an education gained by private lectures might be in many cases both unsystematic and imperfect. Such a fear would be by no means groundless. In the study of medicine there is much to be learnt which cannot be tested in an examination. The Examining Board must trust a good deal to the schools. They look to them to provide a complete and orderly course of instruction for the student; and the examination is to ascertain the amount of knowledge he actually possesses. It is possible that the permission to take private lectures was given to Miss Garrett in consequence of a mistaken notion that her case was quite exceptional,—that other women would show no readiness to follow her example; and when this impression was corrected by experience, the Examiners may have felt bound to consider what would be the permanent effect of allowing a considerable number of women to enter

the profession with an education less systematic than that prescribed for men.

But, whatever the motive, the effect of the resolution is to render it impossible for female students to comply with the regulations of the Hall. It has been decided that only the students of a public and recognised school of medicine may present themselves for examination; none of the existing schools admit women, and, therefore, they cannot be examined at Apothecaries' Hall.

To the ladies whom this decision immediately affects, and to their friends, the question naturally presents itself, "What can be done? Is it absolutely essential that female students should pass some one of the examinations prescribed for men? Is there no simpler course by which they may qualify themselves to practise?"

It is most natural, too, that others should go still further in the same direction, and should say, "If it be true that the diploma of Apothecaries' Hall is the only legal road open to women, that this can be pursued in but one way, and that way is at present inaccessible, why need we make the possession of that diploma a *sine quâ non* for women who study medicine? Why should we not make a beginning at once, teach women as much as is at present possible; teach them, perhaps, one special branch of practice, form a board of examiners composed of men not less well instructed than the examiners of any recognised board; and give women the certificate of this special board in the place of the diplomas held by men?"

Two proposals are here suggested, which it would be well for the sake of clearness to consider separately. The first is, that women could with advantage practise a special branch of the doctor's art, even if there are theoretical and practical objections to their receiving a complete medical education. The second is, that whether women limit themselves to the study of a speciality, or attempt the general study of medicine, it is not necessary to insist upon their sharing the examinations intended

for men; that a special certificate held only by women would answer every purpose, and could be gained with far less effort than one identical with that held by men.

On the first of these propositions we shall say but little. There is no doubt that women can be trained as midwives, and that they may become very skilful in this department without any but the most rudimentary knowledge of the art of medicine. Whether it is on the whole desirable that this department should be separated from the rest of the medical art is a question which could scarcely be fully discussed in this place, and which we are not now called upon to answer. There is, however, no reason why those who desire such a separation should not at once begin to train educated women as midwives. It is their duty to say distinctly that this is what they propose to do. The ground they take is perfectly legitimate, and they can afford to take it fearlessly. They are only to blame, if intending to educate women as midwives, they say to the public that they are educating them as *Physicians* for women and children.

The second proposition is one of far greater importance, and deserving the careful consideration of all who desire to see women admitted into the profession of medicine: "Is it really necessary that they should take the same footing as men? Is it right to urge it, if by so doing we exclude from the profession for some years all but a very small number of women?"

We believe it is impossible to overestimate the importance of answering rightly a question so fundamental as this. "Depend upon it the strength of any party lies in its being *true to its theory*. "Consistency is the life of a movement."<sup>1</sup> The fate of every reforming party is decided at some critical moment by the insight and the firmness of its leaders; its safety lies in the unyielding hold they keep on principles which constitute its *raison d'être*. At whatever apparent sacrifice of the spirit of con-

ciliation—at whatever loss of valued allies—however opposed it may seem to the dictates of policy, the central ideas of the movement must be maintained.

In the case before us, the principle which we conceive no arguments either of benevolence or of convenience should induce the leaders of the party to abandon, is that of professional equality—a common standing-ground, be it high or low, for men and women. If the existing standard be high, let women by no means be satisfied with any less attainment; if it be low, let them join with men in labouring to raise it. No one, indeed, confessedly desires that the professional training of women, if they are to practise medicine at all, should be less good than that of men. But it is alleged that a separate and special standard would not interfere with the excellence of the education; that women could, if they liked, fix their standard as high as that of the University of London, instead of contenting themselves with an examination equivalent to that of Apothecaries' Hall. The answer to this is that a separate examination would be entirely without prestige either among members of the profession or the public, and the practical consequences would be that the examination itself would sink to the level of its reputation. Moreover, we believe that in this case the principle would be sacrificed for a nominal or fictitious rather than for a real advantage. If women are resolved to have an education not less thorough than that of men, how would a separate examination help them to get it? The requirements of the existing examining bodies are not unreasonable, and if the education is indeed to be good, why not adapt it from the first to a standard already known and of definite value? The special examination would in no way help to remove the chief difficulty women will have to overcome—the difficulty, namely, of getting hospital practice; they would still have to choose between establishing a large general hospital for themselves, or gaining admission to one already organized for students. They would still have to form

<sup>1</sup> Newman's *Apologia pro Vita sua*, p. 308.



a school in which the students should receive a complete course of theoretical instruction, and they would have to do so in the teeth of an immense majority of the best men in the profession. The prejudice which now exists against allowing women to practise medicine is, we believe, unreasonable; but the opposition medical men would offer to any change by which women should be allowed to enter the profession by a private door—a door which could be made as wide and as easy to enter as they might choose it to be—would be both reasonable and praiseworthy. In the interest of the public—in the interest especially of those women who prefer being attended by a physician of their own sex—every woman who wishes to practise medicine should be compelled to conform to the regulations and pass the examinations which have been found desirable in the case of men. It should not be left to an untried and unrecognised body to fix the standard of examination and the method of preliminary study. The very fact that there is a demand for women physicians increases the importance of insisting upon a high and defined standard, separating not women from men, but the educated from the ignorant, and authorizing the educated only to practise.

In the meantime the choice does not lie between doing what is immediately possible and doing nothing, but between attaining an excellent result in fifteen or twenty years, or a poor and possibly mischievous result in five or six. English women who wish to study medicine need not consider the road completely shut to them because it is not open in their own country. They can, in the meantime, avail themselves of the opportunities afforded in America, or at some of the continental universities, of obtaining a complete medical education, and a legal qualification to practise.

The University of Zurich has already conferred the M.D. diploma on a lady, Mdlle. Souslowa, who began to study medicine at St. Petersburg in 1862. Her experience, and that of her companions in Russia, is not the least in-

teresting episode in the history of medicine studied under difficulties. In company with several other ladies, Mdlle. Souslowa attended for two years the lectures on natural philosophy, chemistry, and anatomy, at the Medico-Chirurgical Academy at St. Petersburg. During this time no objection was made to their presence either by the professors of the faculty of medicine or by their fellow-students. Suddenly, however, to the surprise of every one, an order came from the Imperial Government forbidding the professors to admit women to the scientific classes of the Academy. The reason given was, that in the opinion of the Government, "women did better *as such* when they knew nothing and understood nothing."

With one exception—to be presently explained—the female students were thus compelled to leave the classes. Mdlle. Souslowa resolved to try her fortunes abroad, and, after some delay, gained admission to the University of Zurich, where she has completed her medical education, and taken the diploma of M.D.<sup>1</sup> She now intends to seek admission once more to the medical examinations at St. Petersburg, in order to obtain a legal qualification to practise in her own country.

The exception just alluded to is thus explained. A few years before Mdlle. Souslowa entered the medical school at St. Petersburg, several of the wild tribes of Russian Asia had petitioned the Government to send them out properly qualified women to act as midwives. Their petition was granted, the Government undertaking all the expense of the education and maintenance of a certain number of women for this purpose. After a time, one of these tribes (the Kirgesen) petitioned, further, that the women thus sent to them should also be taught some branches of the art of medicine. One of the women then being trained as a midwife, hearing of this petition, wrote to the Kirgesen, proposing that she should study medicine thoroughly, and go out to them

<sup>1</sup> The degree was conferred Dec. 14th. 1867.

as a qualified doctor. She suggested, at the same time, that they should try to get permission for her to enter the Academy of St. Petersburg as a regular medical student. The Kirgesen welcomed the proposal, wrote to an influential Russian general, and through him obtained an official document empowering their future doctor to attend the Academy as a student. They have regularly sent money for her education and maintenance, and from the first have taken the greatest interest in her progress and welfare, requiring among other things periodical bulletins of her health. Hearing last summer that she was not well, they sent money for her to go abroad for her holiday, and asked for an extra bulletin. In consequence of the special permission thus received, she was allowed to remain when the Academy was closed to her companions.

Returning to Zurich, it is satisfactory to find that the course of study prescribed for its medical students is identical, in all important respects, with that pursued in England and Scotland.

It is not likely that any difficulty will arise about registering a good foreign diploma, when its holder wishes to practise in this country. It is true that the possession of such a diploma has not, since the Act of 1858, entitled its possessor to be registered here; but the Medical Amendment Bill will remove the difficulty by providing that some at least of the best foreign and colonial diplomas shall again be accepted and registered in England. But even with this difficulty removed, it is disappointing to some to be told that it is only by obtaining a foreign diploma that they can qualify themselves to practise legally in this country. The method proposed is at the best slow and laborious, and, to English-bred women unused to travel, it is disheartening to hear that they must study on the Continent or in America for four or five years before they can practise at home.

The alternative, however, unattractive as it is, has already been accepted by three English ladies, who will in all probability ere long be followed by

others; and though we may regret that their path should be unreasonably hard, it is consoling to bear in mind that the very severity of the test thus voluntarily undergone is in itself an augury of success. With such women, with students whose steadiness of purpose has been put to the proof and has not swerved, Englishmen cannot fail to sympathise, and to their influence as it gradually makes itself felt the ultimate victory of the movement will be due.<sup>1</sup>

<sup>1</sup> It is no longer true that Zurich is the only place in Europe where women can receive a complete medical education and a university degree. Since the publication of the article which contained this assertion, it has been announced that the same facilities will also be granted in Paris. An American woman has, within the last few weeks, been admitted to the first of the series of medical examinations which students are required to pass in Paris, and it has been authoritatively announced that permission to do the same will be granted to Englishwomen. It cannot be denied that in most cases it would be both more pleasant and more convenient to study in London than to spend four or five years in studying at Paris. To many students, also, the additional expense involved in going to Paris would be a serious difficulty. But these drawbacks are inconsiderable when compared with the advantage to be gained by going where the students will be admitted to all the hospitals, to every branch of medical instruction, to the five medical and surgical examinations, and where the degree will be conferred on all who pass these examinations. If but a few women holding the Paris diploma practise as physicians in London, and gain high professional reputations, it is certain that all else that is wanted in this country will speedily be obtained.

The English examining bodies will not long compel their countrywomen to study and graduate abroad, and it will in time become possible to provide for female students a complete course of medical instruction in their own country. It is therefore to be hoped that every woman who desires to enter the medical profession will decide to do so by the honourable road now open to her. She must, however, be prepared to find it a road of no ordinary difficulty. The Paris diploma would not have its present value if it could be easily obtained, and, as a consequence, the demands made upon the students are unusually great. Before beginning the study of medicine the student is required to possess the diploma of *Bachelier-ès-lettres*, and during his first two years of study he must also obtain the diploma of *Bachelier-ès-sciences*. The examination for this diploma is slightly modified for medical



The prejudices now existing among medical men will be removed most easily and most surely by every woman who comes into this country as a legally qualified practitioner devoting herself for at least ten years to the legitimate and steady work of the profession she has entered. If any woman can win for herself a scientific position equal to that now held, for example, by Dr. Jenner or Mr. Paget, she will remove in winning it almost every prejudice and every difficulty from the path of her successors. For it ought to be gladly acknowledged that many a man's prejudice against women-doctors has its root in his hearty interest in the art or science of his profession. Men are so much in the habit of seeing women content themselves with trifling, that they distrust the gravity of their purpose with regard to serious study. They suspect them of being actuated by any motive rather than that of genuine interest in the profession. Once convince a man whose opposition has its root in this distrust, that a woman does really care for the work itself, and his

students. The medical course extends over four years, and includes five examinations, besides the thesis which the student has to read and defend before the Faculty of Medicine on receiving a diploma as Doctor of Medicine.

Details relating to the education and examination for the three diplomas of Letters, Science, and Medicine, can best be learnt from the official programmes.<sup>1</sup>

It should be observed that it has not been thought necessary, in Paris, to frame special regulations for the benefit of the students now to be admitted. No attempt has been made to adapt either the education or the examinations to the peculiarities of the female mind. It is therefore to be presumed that these examinations are considered sufficiently severe to prevent any one in whom peculiarity amounts to a defect from obtaining the diploma as a physician.

prejudice melts away, and he becomes her friend and ally.

The truth is, that both the professional and the non-professional public have to be converted to the *idea* of women-physicians, and that till they are so converted it will be vain to ask for co-operation on any large or public scale. We do not wish to ignore the fact, now placed by experience beyond dispute,<sup>1</sup> that a very considerable number of women of all classes are glad to avail themselves of the services of a woman-doctor. The cordial response given to what has already been accomplished is no small encouragement to the advocates of the movement, but we would suggest that the number of converts gained from the somewhat narrow ground of personal experience or personal preference ought to bear only a small proportion to the number gained by a just and careful consideration of the merits of the question. It is gratifying to find many women saying, "We distinctly prefer a woman-physician," but it is of far more importance to teach men and women alike to say, "Whatever our personal preferences or the preferences of our wives and daughters may be, it is right that women should be allowed to study and practise medicine, and we are willing to give them every facility for doing so." This is not what is now said; the proposal is for the most part supported on personal grounds, and opposed on public or theoretical ones. The argument, "*I like it*," which many women are ready to use, is met by the assertion that they ought not to like it, or that at least they ought not to be allowed to have what they like. The statement that a woman prefers consulting a woman-doctor is treated with scarcely

<sup>1</sup> Programme de l'examen du Baccalanrèat-ès-Lettres. 30 c.

Programme de l'examen du Baccalanrèat-ès-Sciences restreint pour la partie mathématique. 30 c.

Programme des conditions d'admission aux Écoles de Médecine. 30 c.

Published by Jules Delalain et Fils, Rue des Écoles. Paris.

<sup>1</sup> "Within the year 9,300 visits have been made to the Dispensary; 3,000 new cases have been admitted; from sixty to ninety patients have received advice and medicine on each consulting day; and it is seldom that a week passes in which patients do not come from a distance to avail themselves of the special advantage offered by the Dispensary."—*Extract from the First Annual Report of St. Mary's Dispensary for Women and Children.*

more respect than would be accorded to her if she expressed a preference for the British College of Health or any other irrational quackery.

Passing on from the consideration of practical difficulties, let us ask—"Is it desirable that women should study and practise medicine? Have we decided that the principle involved is one we shall do well to support? Are the objections brought against it sound and reasonable, or are they for the most part mere prejudices suggested by the instinctive conservatism of ignorance?"

It is well to remember what the objections really are. It is sometimes said that the study of anatomy and physiology would tend to injure or destroy the fine instinct of purity which characterises most women. We believe that experience will prove this fear to be groundless. The serious study of a scientific subject can hardly be injurious to any one, and the possession of special safeguards or the absence of special temptations would suggest that women are peculiarly adapted to approach the science of anatomy in the attitude of students. Let those who fear the effect of anatomical study consider rather whether the evil they dread is not actually working in many English families. Let them reflect upon the influence of the flood of fiction poured in from circulating libraries, the food set before the hungry imaginations of the young, the unhealthy sympathies called forth in hearts which are sickening for an outlet, the familiar scenery of home life reproduced and invested with a vicious colouring, an intimate acquaintance with the ways of sin represented as a knowledge of the world which it is childish not to possess. This is the poison which women, young and old, are imbibing from day to day, while we hold them back from the reverent study of Nature, lest their innocence should be contaminated.

But we are told that, even if the study of medicine did not injure a woman morally, its practice would develop in her an unfeminine amount of self-reliance: that society would have a

feeble imitation of a man in the place of its ideal woman, and that much of the graceful brightness which now sweetens and refreshes the social atmosphere would then as a consequence be lost.

It must be conceded that a woman-doctor would certainly require a considerable amount of self-reliance and firmness. Vacillation would be as fatal to her reputation as it is to a man's. Her patients must know that beneath all possible gentleness of manner there is no self-distrust, no shrinking from responsibility. The medical profession, however, would not be alone in thus developing the quality of self-reliance. Women who manage their own property and households, schoolmistresses, matrons of hospitals and prisons, and all other women engaged in a profession or business, soon find out that they cannot afford to exercise the sweet womanly grace of helplessness. But are we justified in calling it a grace? Ought our standard of what is perfect and beautiful ever to stop short of the *best* that can be reached? Would not a perfect development of feminine grace and beauty rest upon a basis of strength—moral, mental, and physical—rather than upon the absence of strength? Is not this the ideal set before us by our poets? Did Wordsworth's "Phantom of Delight" seem to him less delightful when she gained

"The reason firm, the temperate will,  
Endurance, foresight, strength, and skill?"

Does not the lovely lady in "Comus" stand before us as a very type of firmness and self-reliance?—"the constant mood of her calm thoughts unstirred by loneliness and danger."

A cultivated judgment, self-possession, courage, and energy, are intrinsically good qualities, whether present in men or women, whether stamped with the approval of men or not. It is by no means true that a woman, when obliged to be self-reliant, must necessarily cease to be gentle, or become in any degree masculine. The habit of self-reliance need not engender presumption, or interrupt the exercise of any



womanly grace. It does not make a woman less tender, or less sympathetic or less generous; it certainly is not likely to make her less able to appreciate and to reverence the noble qualities of others. It does not make her delight less in order, in delicate personal and household neatness, in whatever of beauty she can afford to have around her. Indeed, one good effect of an active life is that it increases the keenness of appreciation for all these specially feminine refinements. Every one knows how deficient in any trace of artistic feeling and love of beauty are the majority of London houses inhabited by the professional and mercantile classes where the women of the family are specially *not* active. The houses are dull and ugly, not from the want of leisure and wealth, but from the mental inactivity of the women who direct them, for it is "by knowledge that the chambers are filled with all precious and pleasant riches." Who has not suffered while waiting in the dreary dining-room or the still more dreary drawing-room? Who has not groaned in view of the dusty dulness, the wax or paper flowers under glass shades, the soiled chintz covers, the hideous needlework, the bare tables with their centrifugal system of intolerably dull books—generally old *Annals* and *Thomson's Seasons*? May it not be that if the wives in these houses were more accustomed to mental work, if they knew how greatly it increased the value of domestic brightness and order, the rooms would wear a different aspect?

But the truth is, that what men *really* like in women is not ignorance and helplessness, but the yieldingness and affectionateness which they think belong to the same type of character. They would rather live in peace with a kindly, affectionate, indulgent companion, however dull, than embitter their lives by marrying a cultivated and sensible but hard and unsympathising woman. And if this, indeed, were the alternative, few would impugn the wisdom of their choice. The error lies in supposing that there is any necessary

connexion between an active mind and an overbearing temper. No doubt occasional irritability is in some cases induced by long-continued mental tension, but this is not what renders any one habitually uncongenial as a companion.

If it be said that women of the stronger sort are often somewhat defiant in their tone towards society, it may be replied that, perhaps they are forced into pugnacity by the attitude of society towards them. In their own homes many of them are as docile and yielding in minor matters as the weakest of their sex; and this in spite of having been, as it were, trained to warfare.

It is sometimes hinted that men *do* like women to be weak and passive, because it makes them feel their own superiority. It is true that a woman whose standard is high will always be more exacting, both towards herself and her friends; more critical, and therefore less flattering, than one who is satisfied with less. The possession of a distinct and noble ideal of what is excellent limits the range within which the faculty of admiration can be exercised. But surely none but the meanest men would wish to degrade women in order to gratify so ignoble a vanity.

The doubt sometimes expressed as to whether average women have sufficient force of brain to justify the hope of success in a pursuit which makes a considerable demand upon mental power, is difficult to answer in the absence of data to go upon. Till women have the same educational advantages as men there can be no basis of comparison. All women who do anything are self-made, and can only be fairly compared with self-made men. The achievements in science and literature of such women as Mrs. Somerville, Harriet Martineau, Anna Swanwick, and the author of "*Adam Bede*," must be taken as representing, besides what is actually accomplished, a reserve of force expended in overcoming special obstacles. For women have to contend, not only with the negative drawbacks of incomplete education and a secluded life, but also with that peculiarly subtle and deaden-



ing influence which consists in feeling constantly—or, at least, till they have conquered a high place for themselves—that nothing very good is expected from them. Among all the heavy burdens and discouragements which weigh them down, there is, perhaps, none more universally depressing.

The exceptionally strong, no doubt, rise above it. But a portion of their strength is consumed in the struggle. Effort cannot be put forth without corresponding exhaustion. In the meantime the success which has been attained by women, in the face of peculiar difficulties, encourages a sanguine estimate of what they may do under more favourable circumstances.

The same consideration must be borne in mind while dealing with the further question, Have women sufficient physical and nervous strength to endure so arduous a life? Will they not break down in the attempt?

It is tolerably easy to answer this question in so far as it relates to the influence of the mere study of medicine on the health of the student. No one who knows what the course of study really is doubts that women of good average health could prepare themselves for examination without any undue tax upon either their mental or physical powers. The important part of the question is that which relates to the after-life of practice as a physician.

Are women strong enough for *that*? In the absence of experience we can but suggest a few considerations which tend to reassure us on this point. It may be noticed in the first place, with regard to physical strength, that wherever it is needed in other callings women are not, as a rule, incapacitated by the want of it. A physician would not need to be so strong as a nurse, a washerwoman, or a charwoman. She might be much weaker physically than the woman who stands behind a counter or who does needlework for fourteen hours daily. Moreover, the demand for both muscular and nervous strength comes gradually to a physician. During the first few years of professional life he is not

overwhelmed with work, and he has time to become accustomed to a fair amount of exertion. When in really full practice, he can afford to spare himself much fatigue, as for instance by keeping a carriage instead of using cabs or walking. The same is true of night work. Inexperienced people are apt to think that, because a doctor is sometimes called up, he scarcely ever gets a good night's rest; whereas the truth probably is, that a physician in even large practice is not often called up more than once or twice in the week.

One piece of evidence of some importance may be mentioned upon this point. Many of the midwives employed by the Royal Maternity Charity have an amount of practice which in the number of cases greatly exceeds that of any physician practising among the wealthy classes. One of these women, whose skill and kindness render her a great favourite with her patients, is also employed by the Marylebone Dispensary. She attends as many as nine hundred patients annually, *i.e.* an average of about three every twenty-four hours, exclusive of Sundays. She not only goes to each patient's house when first summoned, and acts as both doctor and nurse, but after the birth of the child she visits and attends to the two patients for several days. She never expects to pass a night in peace; she walks to all her patients; she has been thus employed for some years, and she is at the present time a remarkably healthy and vigorous woman.

With regard to the mental strain involved in a physician's life, it must be remembered that there is a good deal of practice which does not bring anxiety. A young physician is more or less anxious about all but the most trivial cases when he has not much practice. As his experience widens he finds the work more easy, and the proportion of cases which tax his nervous strength does not very rapidly increase. For some years, too, it is his duty to obtain in all serious cases the support of an opinion based upon wider experience than his own, and by doing so he is

relieved of much of the responsibility and anxiety he would otherwise incur. Moreover, as his knowledge increases he learns to recognise the cases in which the failure of his art is certain, cases beyond the skill of any physician; he sees what is *not* to be done, and from that moment is anxious only to relieve suffering: he cannot be anxious about a result which is beyond his control.

An appointment in a public institution is usually held by a young practitioner before entering upon private practice, and is most useful in accustoming him to the responsibilities of his profession. A conscientious physician, who thinks both of his patient and of science, is as anxious to do his best, and to do it in the best way, for hospital or dispensary as for private patients. But perhaps from seeing a great number of patients, apart from their surroundings, he learns to think more of the science and less of his own responsibility. His thought is, "I have done my best; I have tried diligently to fit myself for judging what is best; I am not responsible for more." Moreover, encouragement comes continually; by the side of some disappointments he has to place many successes.

It is possible, however, that some women would be unable to free themselves from what might become an intolerable burden of anxiety. Also to some the constant sight of suffering would be more than could be borne without serious injury to health. The condition of exalted, almost morbid sensibility, in which every sense is preternaturally acute and every mental act a keen excitement—the condition which, in the absence of an English name, is known as *l'état nerveux*—would certainly unfit its victim for the work of a physician. But happily this is a rare and exceptional condition, and one which a life of unselfish and varied activity is the least likely to engender. In considering the effect any proposed change in the lives and habits of women may possibly have upon their health, we must not forget what may be urged against the mode of

life now prescribed. It is conceivable that a life of greater activity and of increased responsibility might be found too exacting in some individual cases. What we have to consider is whether this risk is worth incurring. No one knows how many women there are whose physical and mental health is now destroyed by the dreary vacuity of the lives they are compelled to lead. It is not true that enforced idleness—a life empty of any keen interest, empty of invigorating moral and intellectual discipline—is merely "rather dull." It is terribly demoralizing. It is the immediate parent of hysteria, insanity, and vice.<sup>1</sup>

An objection of even greater practical weight is, that if women entered the medical profession one of two things would happen: either they would marry, and by so doing lose the benefit of all that had been spent on their professional education, or they would be tempted to abandon their natural sphere as wives and mothers, and in fact to give up their *raison d'être*. Assuming for a moment that a married woman could not practise as a physician, and that therefore a woman would have to choose between marrying and remaining in her profession, it may be fairly asked if to have such a choice would be a misfortune either to herself or to any one else? Is it desirable that women should be *driven* into marriage by the erection of artificial barriers before every other path leading to happiness and dignity? Would any man like to think he had been taken into the holiest and closest of relationships as the only mode of escape from an *ennui* which was rapidly becoming intolerable? Men give up a good deal for the sake of marriage—would it injure a woman to have something to give up also? A profession which brings to those who practise it worthily a source of keen and lasting interest, and the dignity of a good social position, would remove the humiliation of celibacy, while it would not hinder the right kind of marriage.

But it is not necessary to assume that

<sup>1</sup> See Maudsley's "Physiology and Pathology of the Mind."



a woman must certainly abandon her profession if she marries. This would not be the result if she had no children. Childless wives—and they number one-eighth of all married women—are not much less in need of an occupation than they were before marriage; and a woman who had previously had the care of a house in addition to her professional work, would find no difficulty in combining both duties afterwards. The fact of her marriage would perhaps increase the value of her services as a physician to some of her patients. Even if she had children, it is difficult to see why she should not retain her consulting-room practice, although it might be necessary to give up some of the general family visiting. In the lower branches of the profession, where the consulting-room practice bears a very small proportion to the visiting, a married woman with children could still share the practice with her husband if he were a doctor. They could work together as partners even if, owing to her other duties, she could not undertake as much of the work as he did.

In thus expressing our opinion that women physicians need not consider themselves pledged to celibacy, it must be understood that we refer only to those who have completed the course as students, and have gained a foothold of their own in the profession by some years of steady and diligent work as general practitioners, or as physicians. If they choose to marry before or immediately after receiving their diploma, they must be prepared to give up the hope of attaining eminence in their profession, or indeed any independent position at all. Even in this case they would probably have no cause to regret their knowledge of medicine.

But, turning from the consideration of all that has been said against the study of medicine by women, we may ask what there is of positive advantage to be pleaded in favour of such an innovation. Has the profession of medicine any intrinsic advantages? Can any of these be said to apply with less force to women than to men? What

is the legitimate influence of the study of medicine on the student? of the study and practice on the physician?

At the present time, when we are perhaps about to pass into the stage of reaction against classical and in favour of scientific education, it would be superfluous to dwell at any length upon the advantages to be derived from the study of science. It is, doubtless, possible to exaggerate the result which the medical student may expect to gain from the introduction to science. But even the minimum effect can scarcely fail to do good. It is no small intellectual benefit to be made capable of perceiving law and order in every subdivision of science, of recognising the harmony which exists among them. Many of the details of botany, zoology, anatomy, and chemistry will inevitably be forgotten by students who only take up these subjects on their way to medicine; but in most cases, the leading principles, the most important generalizations in each science will remain in the mind as a permanent possession of great value. To be made capable, for instance, of keenly enjoying such a book as Grove's "*Correlation of the Physical Forces*" is no trifling or temporary advantage. It is a gain for life.

Advancing to the study of medicine proper, *i.e.* medicine at the bedside, the student is first taught to observe accurately, to acquire the habit of intellectual patience, the habits of order and of diligence. He is compelled to reason as well as to observe, to apply as well as to collect facts; and he gets this discipline while studying a profession which is eminently worth studying,—one which justifies whatever of diligent labour is bestowed upon it. The more important advantages to be derived from the practice of medicine, include all those first gained by the student. The physician is still a learner; the practice of his profession is still its study; if he would advance he must never lose the reverence for truth, the habits of diligence and order acquired as a student. But other and more valuable discipline comes to him



who is prepared to receive it. The physician is brought into close and friendly contact with all classes of his fellow-creatures; he is peculiarly able to enter into many of the special difficulties, temptations, and burdens of each; he knows far more than most men do of the mass of suffering beings in a city like this; "of the ignorance, "recklessness, and self-indulgence too "often found side by side with the "most terrible poverty, each reproducing and increasing the other." The sick man, full of sores, lying at our gates, is known to no one better. But the observant physician sees too much to be able to cheat himself into the belief that all the misery before him is chargeable on the faults which accompany it, or that the responsibility of these is chargeable on that class alone which exhibits them most strikingly. He does not find much comfort in the trivial palliative remedies suggested or applied by the easy good-nature of individuals. Coming into immediate contact with the poor, he sees that the habit of providence is directly discouraged by fortuitous benevolence; he is compelled to inquire for some sounder way of helping them. He

is forced to desire large measures of reform in education; to desire everything which will tend to develop the intelligence of the poor, and strengthen in them the habits of industry, temperance, and self-restraint. It is his privilege—if he can but resist the hardening influences of an accumulation of details in daily life, and bring with the art of healing the sympathy of brotherhood—to bear witness in perhaps the most intelligible way for the Divine Healer and Brother of mankind.

Nor is it only when among the poor that the true physician needs a spirit rich in sympathy, and tenderness, and wisdom. The winnowing moments are not few when the chaff of unreal beliefs and worldly commonplaces is swept away in his presence, and he stands—alas! how dumb and empty!—before one whose eyes plead for whatever of light he has to offer. They are moments of spiritual discipline of the highest, the most searching kind.

Need we say more? Can it be that either the study or the discipline of such a life would be less valuable to a woman than to a man, or that her nature unfits her to respond to such training?

